Approved for use through 7/31/2006, CM8 0651-003/
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons ere required to respond to a collection of information unless it displays a yeard CMB control number.

Substitute for Form PTO-875 Effective December 8, 2004								. ^	Application or Docket Number		
APPL		LICATION AS FILED - PART I (Column 1) (C		(Column 2)	<u> </u>	SMALL ENTIT			OT SM	OTHER THAN SMALL ENTITY	
FOR BASIC FEE		NUMBER FILED NUMBER		WHBER EXTRA		RATE (1)					
(37 CFR 1.16(a), (	터, or (c))	NA		. NA		NA	150.0		RATE		
SEARCH FEE (37 CFR 1 16(N) (1	1, or (m))	· N/A		N/A.		· NVA		<u> </u>	. N/A	300.00	
EXAMINATION (37 CFR. 1.16(q), (	FEE	NA.		N/A	.		\$250		N/A	\$500	
TOTAL CLAMS	7 = 14/			1987	_	N/A	\$100	_]	NA	\$200	
DI CER 1.16(1)	CLAIMS	mir	W\$ 20 m	•	_	X\$ 25 · .	,	l.a	X\$50		
(37 CFR 1.16(N))			1083 = ·			X100 _			X200		
APPLICATION 5 FEE (37 CFR 1.16(4))	IZE Sn Is ad	eers or pape \$250 (\$125) ditional 50 s	tion and drawin r, the application for small entity) heets or fraction )(1)(G) and 37	n size fee due for each thereof San							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))					71	+180=		1	+360=		
If the difference in column 1 is less than zero, enter "0" in column 2.						****					
			IDED - PART			TOTAL	L	٦.	TOTAL		
	2 C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Minus Minus Minus Minus R 1.16(s))	3	2		RATE (1)  X\$ 25  X100	ADDI- TIONAL FEE (\$)	OR OR	X\$50 a X200 a	ADOI- TIONAL FEE (8)	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)						+ 180= OTAL DD'L FEE	/-	OR OR	+360=		
	(Column 1	<u>.                                    </u>	(Column 2)	(Column 3)		<u>C</u>	-	) OK	ADD'L FEE	Ĺ	
Total	CLAIMS REMAININ AFTER AMENOMEI	Ġ	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL	
(37 CFR 1.16(II)	<del> </del>			*	)	C\$ 25 .		OR	X\$50 _	FEE (\$)	
(07, CFR 1.100))	<u> </u>	Minus	***	Ħ	7	(100 ,		·	Y200		
Application Size								OR 1	^200 <u> </u>		
I FIRST PRESENT	ATION OF MULT	IPLE DEPENDE	ENT CLAIM (37 CF	R 1.16(0)	Ι,	180=		ŀ	1200		
		<del> </del>			· I '	1005		OR	+360≈		

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or independent) is the highest number (ound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TQ: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.